

## Broadening education in bioethics

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Bioethics education apparently is a sexy topic nowadays. In April 2012 the Cambridge Consortium for Bioethics Education, a predominantly American group of bioethicists, is organizing its second conference in Paris, France. In the same month, the Smithsonian Institution in Washington DC hosts an ethics education conference examining the medical experiments in Tuskegee and Guatemala. European scholars are united in the European Union funded project ‘Globalising European Bioethics Education’. The Asia–Pacific School of Ethics is having bi-annual meetings to examine and evaluate bioethics education in the region. In September 2012 another conference will take place in Israel, focused on exchange of experiences in bioethics education. A major event last year was the establishment of the International Association for Education in Ethics (IAEE), a non-profit organization with the aims (a) to enhance and expand the teaching of ethics at national, regional and international levels, (b) to exchange and analyze experiences with the teaching of ethics in various educational settings, (c) to promote the development of knowledge and methods of ethics education, and (d) to function as a global centre of contact for experts in this field, and to promote contact between the members from countries around the world. The establishment of IAEE was in fact a logical outcome of the Ethics Education Program of UNESCO, launched in 2004 (Ten Have 2008). In the context of this program, ethics teaching programs have been identified and described, initially in Central and Eastern Europe, the Arab region, the Mediterranean region, and Africa. Currently, 235 teaching programs have been validated and entered into the UNESCO Global Ethics

Observatory database, covering 43 countries. In order to analyze the programs in sometimes very different educational settings UNESCO organized regional meetings of the instructors of those programs. Such meetings took place in Budapest (October 2004), Moscow (January 2005), Split (November 2005), Muscat (November 2006), Istanbul (March 2007), Marrakesh (June 2008), Abidjan (December 2008), Dakar (March 2009) and Kinshasa (July 2009). The advantage of the UNESCO Global Ethics Observatory is that for the first time detailed information concerning each teaching programs is available in comparative format (<http://www.unesco.org/new/en/social-and-human-sciences/themes/global-ethics-observatory/access-geobs/>). Governmental policy-makers, administrators in universities and academies of science, and even bioethics experts themselves do not often have adequate information about what exists and what is lacking in the field of bioethics education. It is therefore necessary to provide and exchange accurate information about existing ethics programs so that the substance and structure of each program can be examined and various programs analyzed and compared. The regional meetings of ethics experts also demonstrated two characteristics of bioethics education. One common finding was the vulnerability of ethics teaching programs. Often, the programs are taught by enthusiastic teachers but there is no firm institutional basis, nor any systematic effort to create a future generation of ethics teachers. The second finding was that bioethics teachers do not communicate. They often have no idea what their colleagues in the same and neighboring countries are teaching. It seems that everybody is inventing the wheel anew. Information about teaching programs is managed as classified material. The idea that one might perhaps learn something from colleagues and possibly improve teaching programs is obviously not widespread. From these findings it was concluded that there is a need for

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a global platform for ethics education. Such a platform may facilitate the exchange of educational experiences, may bring colleagues from around the world in contact, and in the end may promote the quality of ethics teaching. Against this backdrop the International Association for Education in Ethics was established. That there is a definite need for a global ethics education platform is shown by the fact that in the first few months of its existence more than 100 colleagues from over 30 countries joined as members. The Inaugural Conference of IAEE will take place in May 2012 in Pittsburgh, U.S.A. Almost 200 abstracts for presentations have been received in various areas of ethics teaching.

Bioethics education is in a paradoxical state. On the one hand, everybody agrees that it is extremely important. And indeed bioethics education has increased tremendously over the last few decades. Only 12 medical schools in the U.S. had an ethics teaching program in 1972. Now all medical schools have a program. What is more, medical schools will not be certified if bioethics is not included in the curriculum. A similar pattern of expansion can be observed in many other countries. Every time when medical professionals infringe on important ethical norms, the need for ethics teaching is re-emphasized. In response to a repeated cycle of cases of scientific misconduct and ethical problems concerning financial conflicts of interest, the National Institutes of Health and the National Science Foundation in the U.S. have required as of January 2010 that researchers funded by their grants must receive ethics education focused on promoting research integrity. This education in ethics is seen as a remedy against deficiencies in professional behavior.

On the other hand, despite this lofty praise of bioethics education, the practice is different. In most countries there is not an impressive lot of bioethics teaching. Persad et al. (2008) point out that in the U.S. bioethics education, although required, comprises only 1 percent of the medical school curriculum. Many educational activities are sporadic and occasional. In Europe most hospitals have only short term educational initiatives instead of longer courses and programs, while nobody seems to take responsibility for the activities (Pegoraro and Putoto 2007). Moreover, there is a serious lack of qualified teachers. Not even half of the bioethics instructors in the U.S. have published a single article in bioethics (Persad et al. 2008). For many teachers of bioethics this is not their primary academic focus. A survey in 2004 showed that 20% of medical schools in the U.S. and Canada did not even fund teaching in ethics (Lehmann et al. 2004). But the most important observation is the enormous diversity in approaches to bioethics education itself. Controversies abound regarding objectives, methods, content, and evaluation of teaching.

Fundamentally, there are two different philosophies of bioethics education. A more limited and pragmatic view regards ethics teaching as a way of learning skills for analyzing and resolving the ethical dilemmas that will confront health professionals in their future practices. The role of bioethics education therefore is modest. It should focus on what is practical and measurable. In this view it is not realistic to expect that ethics education can create morally better physicians and scientists. After all, how can a limited number of courses bring about a change in behavior or character of health professionals? The other view is broader and bolder. On this view, bioethics education is basically a long-term effort to create virtuous health professionals and scientists. It is moral education aimed at character formation, integrity, and professional virtues. Only in this way bioethics teaching can contribute to enhancing the quality of patient care. Bioethics education was introduced and promoted to counteract dehumanizing and objectifying tendencies in contemporary medicine and health care. It is not just there to facilitate medical decision-making but it should contribute to making medicine more humane. For this reason bioethics education has a broader focus on the humanities, liberal arts, social sciences and philosophy, so that medical activity is located in a wider human context.

Currently, it seems that the philosophy of bioethics education is moving towards this broader conception. The focus on identifying and analyzing ethical issues has been characteristic for the early stages of bioethics education, but at present there seems to be movement beyond the traditional model, as evidenced by emerging alternative models aiming to influence students' attitudes, behaviors and characters (Fox et al. 1995). Apparently, there is growing consensus that the ultimate goal of bioethics education is to produce good health professionals and scientists (Goldie 2000).

The first few papers in the current issue of *Medicine, Health Care and Philosophy*, are also an indication of this trend. Petra Gelhaus (2012), in the first of a series of three articles analyzes the moral attitude of empathy. She underlines that good medical practice requires more than knowledge and skills. We expect health professionals to demonstrate good conduct and action. This is what education should train and nourish. Lars Sandman and his colleagues (2012) argue that in present-day healthcare shared decision-making plays a crucial role. But this raises the question of how respect for patient autonomy can be learned in an environment that is usually characterized by hierarchy, competition and lack of time. The question of what exactly is ethical expertise is discussed in the article of Silke Schicktanz and colleagues (2012). They show that ethical reasoning cannot be separated from moral sensitivity. Emphasizing this connection is important to bring

voices and experiences of lay persons into the bioethical debate. The point that scientific, technical and ethical issues cannot be separated is also expressed in the contribution of Jean-Christophe Weber (2012) in this issue. He develops a view of medical practice as a *techné* that entails virtue. And virtue is a *habitus* that is improved through pleasure. The phenomenon that many physicians nowadays are concerned and discontent with their professional work illustrates the current disconnect between reality and ideal. It is time to acknowledge that the core of medical practice is related to practical wisdom and virtues. The focus of bioethics education therefore should go beyond problem-solving and applying principles.

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